

# Application form

The rt Families Foundation Inc was established in 2006 to lend a helping hand where it is needed most. It is a charitable organisation (a completely separate entity to our health fund) that is here to help transport and electricity industry families that may not be able to access the medical care, medicine, treatment and equipment they need even as members of the health fund. The rt Families Foundation is managed by rt staff who give their time freely.

When granting applications, you will be assessed against a set criterion with the following guidelines considered:

- Applicants must be a member of rt health fund or some form of connection with the transport or electricity industry;
- Relief will only be granted to persons in Australia who are in necessitous circumstances;
- Grants will only be granted for health related cases where medical evidence is provided;
- Focus to be on an individual basis as unable to approve grants to other charities, groups or organisations.
- Applications must be in writing only and corresponding documentation such as tax statements, proof of income, medical evidence from treating Doctor/s to support any medical condition or purchase of equipment are to be submitted when lodging your application;
- Grant applications for modifications must include a fully itemised & official quote from a licensed tradesperson or company.
- Applicants are to inform the foundation on whether the applicant has received funding or assistance from other charities or organisations;
- Grants must be utilised within a 6 month period from approval of original grant application.

Generally, the foundation will not donate or loan money but rather assist with the purchasing of items or equipment the applicants may need such as required medical equipment. The rt Families Foundation will not cover out of pocket costs for procedures, experimental treatments or equipment or aide that does not prove or is considered to be of any medical benefit.

**Privacy: Your privacy is important to us & we respect the fact that everyone has a right to their privacy.**

This statement explains your privacy rights with our obligation & rights in relation to the collection & use of your personal information.

You are not required to give us any personal information or related material requested in the application however without this information we may not be able to process or approve your application.

At any time you may request access to the information you have provided to the foundation & ask us to correct, amend or update the information.

We will use the information you provide to process your application, adhere to any legal requirements or other regulations & to determine whether the application fulfills our criteria.

At no time will we disclose your personal information to anyone outside the Foundation or use your information for advertising purposes without your authority except where the law requires us or permits us to do so. However we may use your personal information in preparing the Foundation's reports and also in providing information to members of rt health fund for the sole purpose of publicizing the existence and role of the Foundation.

# Application form

## Contact information

First name:

Last name:

Email:

Contact number:

Residential Address:

Are you an rt member?    Yes    No

If Yes, provide membership number:

Do you have a connection to the transport or electricity industry:    Yes    No

If Yes, please describe the nature of your connection:

How did you hear about the rt families foundation?    I'm an rt member    rt website    Visited an rt branch    Attended an event where rt was being promoted

## Applicant Details (if not the same as above)

First name:

Last name:

Residential address:

DOB:

Is the applicant an rt member?    Yes    No

If Yes, provide membership number:

Does the applicant have a connection to the transport or electricity industry:    Yes    No

If Yes, please describe the nature of your connection:

# Application form

## About the applicant

Medical condition(s):

Please describe how the above condition(s) impact the applicant and how it is currently managed:

## Grant request

Description of request:

Please select which category your request falls into: Medication Treatment program Equipment/health aid(s) House modification(s)

*Please answer additional questions related to the category selected and attach required supporting documentation.*

Value of request: \$

Is the request(s) to cover out of pocket expenses for medication? Yes No

Is the condition due to an accident where compensation is payable? Yes No

If Yes, please provide more information:

Have you received a rebate for Medicare expenses from Medicare or private health insurer? Yes No

Describe how the above request will benefit the applicant including long term benefits:

Describe the impact approval of the grant will have on the applicant:

Are there alternative products/brands/treatment options? Yes No Not sure

If Yes, please describe options available:

## Medication

Describe what the medication is used for and how it will affect the applicant?

### Supporting documentation

Please include the following with your application:

- Letter/report from a health professional(s) outlining the applicant's condition, need for the requested medication(s) and clinical evidence that supports the benefits it will provide.
- Invoice outlining the costs for the medication

## Treatment program

Duration of the program:

Describe the program details and intended outcomes:

### Supporting documentation

Please include the following with your application:

- Letter/report from a health professional(s) outlining the applicant's condition, need for the requested program and clinical evidence that supports the benefits it will provide.
- Invoice outlining the costs for the medication

## Equipment/health aid(s)

Describe the purpose of the equipment or health aid(s) and how it will affect/assist the applicant:

### Supporting documentation

Please include the following with your application:

- Letter/report from a health professional(s) outlining the applicant's condition, need for the requested equipment/health aid(s) and clinical evidence that supports the benefits it will provide.
- Itemised quote the cost(s) for the items

## House modification(s)

Outline the benefits the modifications will provide:

### Supporting documentation

Please include the following with your application:

- Letter/report from a health professional(s) outlining the applicant's condition, need for the requested modification and clinical evidence that supports the benefits it will provide.
- Itemised quote by a licensed tradesperson or organization outlining the costs for the modification(s)

# Application form

## Financial circumstances (Please provide information for the carer if the applicant is a dependent)

Total household income: \$

### Provider 1

Name:

Occupation:

Currently employed:    Yes    No

Receives government assistance:    Yes    No

If Yes, provide details:

### Provider 2

Name:

Occupation:

Currently employed:    Yes    No

Receives government assistance:    Yes    No

If Yes, provide details:

### Supporting documentation

Please include the following with your application for each source of income. In the case there are more than 2 sources of income please print an additional page and supply documentation.

- Most current tax income statement for **provider 1**
- Most current tax income statement for **provider 2**
- Government assistance document for **provider 1**
- Government assistance document for **provider 2**

## Funding

**Do you receive benefits from a government department or superannuation scheme?** Yes No

If Yes, please provide the following details.

List the type(s) of benefits you receive:

Total value of funding received: \$

**Have you ever received a financial assistance from another organization or charitable source?** Yes No

If Yes, please provide the following details.

Name of organization:

Grant description:

Amount granted: \$

Date grant was approved:

**Have you applied for a grant elsewhere?** Yes No

If Yes, please provide the following details.

Name of organization:

Grant description:

Date grant was submitted:

Amount applied for: \$

\*If your grant application is accepted after submitting this form, please notify the families foundation and supply supporting documentation.

### Supporting documentation

Please include the following with your application for each source of income. In the case there are more than 2 sources of income please print an additional page and supply documentation.

- Government support documents detailing approval for funding and amounts
- Superannuation scheme details
- Grant approval and details

# Application form

## Documentation checklist

Documentation	Included	No. of pages
<b>Medication</b>		
Letter/report from a health professional(s) outlining the applicant's condition, need for the requested medication(s) and clinical evidence that supports the benefits it will provide.		
Invoice outlining the costs for the medication		
<b>Treatment program</b>		
Letter/report from a health professional(s) outlining the applicant's condition, need for the requested program and benefits it provides.		
Invoice outlining the costs for the program		
<b>Equipment/health aid(s)</b>		
Letter/report from a health professional(s) outlining the applicant's condition, need for the requested equipment/health aid(s) and benefits it will provide provides.		
Itemized quote the cost(s) for the for the items		
<b>House modification</b>		
Letter/report from a health professional(s) outlining the applicant's condition, need for the requested modification and benefits it provides.		
Itemised quote by a licensed tradesperson or organization outlining the costs for the modification(s)		
<b>Financial circumstances</b>		
Most current tax income statement for provider 1		
Most current tax income statement for provider 2		
Government assistance document for provider 1		
Government assistance document for provider 2		
<b>Funding</b>		
Government support documents detailing approval for funding and amounts		
Superannuation scheme details		
Grant approval and details		

# Application form

## Consent

- I acknowledge that no promises or assurances have been made to me regarding the approval of my grant request.
- I have provided proof of income and the medical condition that the applicant is suffering from.
- I understand that the RT Families Foundation will not issue me a cash grant or cover purchase, repairs or enhancements to properties or facilities that maybe considered as a financial gain.
- I declare that I have read & understood the above mentioned privacy statement outlined in this application form & I consent to the collection, use & disclosure of personal information in accordance with the privacy statement.
- If required I will provide further information to support my application & I understand that if I do not, my application may be rejected.

I consent to the rt Families Foundation, if my grant request is approved, using all information relating to the grant for reporting and audit purposes such as Annual General Meeting (AGM) or reporting to external organisation associated with rt Families Foundation and / or rt health fund and for publicizing the rt Families Foundation to members of rt health fund

**Signature of applicant**

**Date**

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